

HISTORY  
OF  
A CASE,  
IN WHICH,  
ON EXAMINATION AFTER DEATH,  
THE PANCREAS  
WAS FOUND IN A STATE OF ACTIVE INFLAMMATION.  
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PRESIDENT OF THE SOCIETY.

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*Read May 24th, 1831.*

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**M**ORBID changes of all kinds are extremely rare in the pancreas, as well as in the salivary and lacrymal glands, which are similarly organised. It seems doubtful whether the modern pathological anatomists, who have had the most extensive opportunities of observation, have ever seen inflammation of this gland; at least no such affection is described by Baillie, Meckel, or Andral. "As for the pancreas," says the latter\*, "I shall merely observe that its changes of structure are infinitely rare. I have found it redder than usual in some instances, and in others remarkably dense.

\* Précis d'Anatomie Pathologique, Tom. II. p. 582.

In some bodies it has been compressed and diminished (*comme atrophié*) by scirrhus or tubercular masses developed around it, or in the intervals of its lobules. On one occasion I found the hepatic extremity changed into a greyish white, hard, and homogeneous substance, in which no trace of the normal organization could be observed. In another instance, I found in the middle of the gland, two small abscesses, each capable of holding a hazel nut. But, in general, we may affirm, that the pancreas is one of the organs most rarely diseased. To ascribe to it therefore an important part in certain gastric disorders, and to account for indigestion by changes in the pancreatic secretion, is purely hypothetical. The gland undergoes no observable change in the affections of the alimentary canal, or in those of the liver.”

Dr. Baillie\* met with one instance of abscess in the pancreas: the account of the symptoms which was communicated to him by Dr. Heberden, is so short and imperfect, as to render the case of little interest.

In his *Cours d'Anatomie Medicale*†, Portal has a long catalogue of pancreatic diseases, including inflammation, suppuration, gangrene, scirrhus, cancer, and ulceration; and he seems to consider

\* *Morbid Anatomy*, Chap. XII.

† *Tom. V. p. 351, et suiv.*

all of them as of common occurrence. This statement is quite at variance with the opinions of the authorities before mentioned, and with the result of my own experience. I can only explain the contradiction, by supposing that Mr. Portal has adopted with too little discrimination the cases reported by older writers, and that he has admitted the existence of inflammation in the pancreas on insufficient grounds. He says that the pancreas has often been found inflamed, and that the stomach, duodenum, liver, spleen, and kidneys, have not been exempt from inflammation on the same occasions.

I offer the following case to the Society, because I have not met with any similar narrative in the course of my medical reading; and because it connects the symptoms and progress of the affection with the morbid changes which produced them.

#### *CASE.*

I saw, in consultation with a physician and with the regular medical attendant of the family, a lady about twenty-one years of age, who had been delivered a few weeks previously of her first child. She had been very weak and excessively pale during the latter part of her pregnancy, and she became still more so after delivery. Her state and symptoms were like those of persons

who have lost large quantities of blood ; and her medical attendant considered that there was a defect in the process of sanguification. Under this view of the case, which was adopted by a physician who saw her soon after her confinement, cordials and stimuli, both medical and dietetic, were resorted to. No advantage resulted from this plan, and another physician was called in, who recommended calomel and opium, on the idea that inflammation had taken place in the chest, and that effusion had probably been the consequence. I saw her about thirty-six hours before death, when no hope of recovery could be entertained. She was excessively pale, with a rapid feeble pulse, hurried breathing, some fulness and uneasiness on the right side of the abdomen.

I learned afterwards that this lady had been most singularly troubled by thirst during her pregnancy, and that her mother, alarmed by her drinking cold fluids in large quantity, had represented to her that she feared the circumstance might prove injurious to the child. She had also suffered much from pain in the epigastric region, which was sometimes so severe as to oblige her to retire to her own apartment. In mentioning this circumstance, her mother drew her hand across the abdomen in the seat of her daughter's sufferings, and she pointed exactly to the situation of the pancreas. The gentleman who had regularly

attended this lady, was kind enough to favour me with the following account of her case from the commencement.

“ MY DEAR SIR,

I have the pleasure of sending you the particulars of the symptoms which presented themselves in the case of Mrs. —.

“ At the time Mrs. — married, she appeared to be in good health. When she was between five and six months advanced in pregnancy, she lost her usual healthy appearance, and gradually became very pallid. This change I observed on occasionally meeting her in her walks from her own to her mother’s house, and on enquiring generally after her health, her answer invariably was, ‘ I am quite well.’

“ About a month previous to her confinement, I, for the first time, was desired to see her professionally. She was then suffering from a severe attack of catarrh, accompanied with an incessant, irritating cough; it was attended with very little fever, her pulse, in frequency, being but little above the natural standard. This complaint yielded in about ten days to the usual remedies, when she declared herself to be quite well, and during its continuance no symptom was complained of that was not strictly catarrhal. Her skin was then completely bleached, and the prolabia colour-

less. I did not see her again until the 29th of January, the morning on which her labour commenced; she then looked and felt extremely exhausted, and I was anxious as to the result of her labour. On making the usual enquiry I found the presentation natural, the pains returning at pretty regular intervals; and she was delivered of a healthy female child. The placenta was expelled by the contraction of the uterus five minutes afterwards, and she did not, during the whole labour, lose two ounces of blood. The night after her labour, was passed without pain; she was tolerably tranquil, but got little sleep. It was evident on the third day after her delivery, that although the labour was comparatively easy, she had suffered much from the exertion. She felt so exhausted that she was constantly calling for sal volatile to smell, and occasionally to take internally, in order to prevent fainting: she sighed deeply and frequently. The least attempt to raise her head from the pillow produced a violent beating in the temples, but it subsided after a few minutes of perfect quietude. Her pulse was feeble and irritable, at about eighty-six beats in a minute. The bowels were rather relaxed. She was very thirsty, and had been so for three months previous to her delivery.

“ On the fifth day after her confinement, Dr. — saw her, and he repeated the examination I had previously made, by pressure with the hand over

the whole abdominal cavity, in order to discover if there was tenderness in any part, but our patient declared most positively, she felt neither pain nor soreness from the pressure. A similar examination was made some days afterwards with the same result. The feeling of exhaustion continued to increase, but she never complained of pain, till about a week before her death, when, on pressing the abdomen, a slight uneasiness was felt about the situation of the caput coli. This was noticed the following day by Dr. —, who directed a mustard poultice to be applied to the part. About five days previous to her death, the stomach became irritable, and nothing but rennet whey in small quantities was retained. She died exactly five weeks after her delivery.

“ I should observe that I do not recollect to have heard of Mrs. — suffering severe pain in the epigastrium till it was mentioned by her mother after her death: she certainly never named it to me herself, and it does appear somewhat extraordinary, that when it existed, it should not have been thought of sufficient consequence to call for medical assistance.”

*Examination, thirteen hours after death.*

The body had not lost its heat; the internal parts were warm to the touch.

The skin was universally and extremely pale.

No blood escaped on making the incisions necessary for exposing the abdomen and thorax and for sawing round the skull.

The membranes lining the abdomen and thorax, and the viscera contained in those cavities, excepting the pancreas, and spleen, were extremely pale, and almost bloodless. The appearance was like that observed in persons, who have died of hemorrhage, or under the state described by the term anemia. The liver and kidneys were pale, and the several portions of the alimentary canal quite white, without any traces of blood in them.

The heart was pale and rather large ; its cavities and the contiguous large vessels contained some fluid of watery consistence, about the colour of red wine, and small portions of soft coagula. The coronary vessels contained no blood. The muscular substance of the heart was pale and rather flaccid : the structure of the organ in other respects was natural. The lungs were healthy, except that frothy fluid escaped on cutting into their posterior part. The cellular texture around the pancreas and duodenum, the great and small omentum, the root of the mesentery, the mesocolon and the appendices epiploicæ of the arch of the colon were loaded with serous effusion. The fluid, which



was transparent, bright yellow, and of watery consistence, ran out in large quantity on cutting into the parts above mentioned, which were distended in some places to the thickness of two or three inches.

The pancreas was throughout of a deep and dull red colour, which contrasted very remarkably with the bloodless condition of other parts. It was firm to the feel externally; and when an incision was made into it, the divided lobules felt particularly firm and crisp. The texture was otherwise healthy. The part was left wrapped up in a cloth for nearly forty-eight hours after its removal from the body, the weather being then very cold. At the end of this time the hardness was gone, and the gland even appeared rather soft.

The spleen was rather large and turgid, livid externally, brownish red internally, and somewhat soft in texture.

The surface of the dura mater, covering the cerebral hemispheres, was lined in the neighbourhood of the falx, with a very thin, soft, and almost mucilaginous layer of light red tint; it could be scraped off with the handle of the knife, leaving the membrane of its natural appearance. There was slight serous infiltration of the pia mater. The blood-vessels of the brain were moderately

full. The distention of the cellular membrane by serous effusion in this instance was analogous to the œdematous swelling which often occurs round other parts when actively inflamed.

The pancreas is not unfrequently found after death, as it was in this case, preternaturally hard ; and I suppose that the gland has been in this state in the numerous instances, in which we hear and read of its having been scirrhus. Although I do not know on what this hardness depends, I have never considered it as a morbid condition ; because it occurs in individuals who have died of other diseases, without any symptoms referable to the pancreas ; because the structure of the part is perfectly healthy in all other respects, and because the hardness soon disappears after death, as it did on this occasion.